

GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Receipt of Non-MAGI Renewal Form

Notice Date: 04/01/2023

Account ID: 99999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Receipt of Medical Renewal Form

Dear JOHN DOE:

Thank You! We have received your Medical Renewal Form.

We will now review the Medical Renewal Form you provided to us to determine if we have enough information to make a decision on your continued eligibility for medical assistance. You will receive a separate notice if the information you provided is not enough and additional information is needed. You will also receive a notice when we make a decision about your continued eligibility for medical assistance.

Your Secure User Account

You can access/create an account with District Direct. Please refer to the attached information sheet.

Questions? Call District Direct Customer Service at 1-202-727-5355 or go online to www.districtdirect.dc.gov. **[If Assister/Broker Assigned]** You may also contact <assister/broker organization name> at <assister/broker organization phone>.